



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Chacha Lopez Reason for Visit: PET IS HERE FOR COUGHING History: OWNER STATES PET STARTED COUGHING/HACKING LIKE ON SUNDAY. OWNER STATES IS HACKING A WHITE FOAM. PET STILL HAS APPETITE AND IS ACTIVE

SPECIES Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR
Canine EENT: No nasal discharge; nuclear sclerosis OU; clean no exudate AU; cough on tracheal palpation! Oral Cavity: heavy dental tartar present, mobile top incisors, gingival recession Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. ~ 5 mm light pink lobulated dermal growth on dorsum halfway down, just R of midline CV/Respiratory: No murmur or crackles/wheezing auscultated. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate

BREED

Chinese Shar Pei

SEX

SF

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in two orthogonal imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

AGE

10 Years, 6 Months

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

HOSPITAL NAME

DPC Veterinary Hospital

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

REFERRING VET

Dr. White

The lung parenchyma presents the expected architecture and generalized increased radiopacity, caused by an unstructured reticular pattern, mildly effacing the peripheral lung vessels.; the intrapulmonary vascular branching is seen up to the third order lung vessels.

INVOICE

50849

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

DATE

3-9-22

RADIOGRAPHIC DIAGNOSIS

- Mild to moderate unstructured interstitial lung pattern.



PATIENT

Chacha Lopez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unstructured interstitial lung pattern might be accentuated by age related changes of the lung parenchyma. An interstitial pattern is not specific, and potentials would include fibrosis, pneumonitis (inflammatory versus infectious), systemic disease (e.g. pancreatitis, IMHA, renal disease), neoplasia. Consider empirical management of the cough, follow up radiographs are recommend if clinical signs are refractory to therapy or deteriorate.

SPECIES

Canine

BREED

Chinese Shar Pei

SEX

SF

AGE

10 Years, 6 Months

INTERPRETED BY

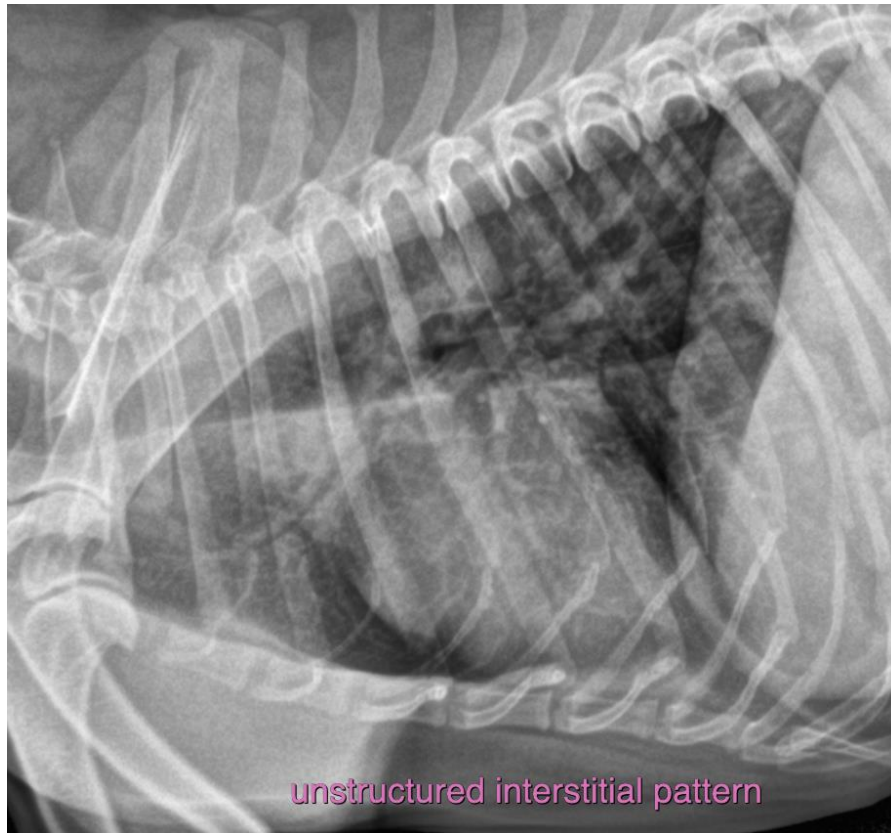
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White



INVOICE

50849

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

DATE

3-9-22

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com